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UNITED STATES DISTRICT COURT DISTRICT OF SOUTH DAKOTA DIVISION

Jose	ph p	aul	YOUNG Southern DIVISION	CLERK
1	. ,		Plaintiff, CIV <u>09 - 418</u>	
504 th	Da ka of	vs. Corre	Department /A.W. Troy Ponto Complai Tions Major Tomas Linnewebber	NT
I.	PREV	VIOUS	LAWSUITS	
	A .	involv	you begun other lawsuits in state or federal court dealing yed in this action or otherwise relating to your imprisonment) No (**)	
	В.	than c	or answer to "A" is yes, describe the lawsuit in the space belowene lawsuit, describe the additional lawsuits on another piece outline).	•
		1.	Parties to this previous lawsuit:	
			Plaintiffs 1000 @	
			Defendants	
		2.	Court (if federal court, name the district; if state court, r	
		3.	Docket number none	
		4.	Name of Judge to whom case was assigned	
		5.	Disposition (for example: Was the case dismissed? With still pending?)	
		6.	Approximate date of filing lawsuit none	·
		7.	Approximate date of disposition	

II.	PLA	CE OF PRESENT CONFINEMENT South Dakota D.O.C.						
	A.	Is there a prisoner grievance procedure in this institution? Yes (X) No ()						
	В.	Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (X) No ()						
	C.	If your answer is yes,						
		1. What steps did you take? Asked for two remedies: (+ transferred to a safe facility (B)*500,000 for pain and suffering.						
		2. What was the result? (A) facility states Id be transferred when appropriate Binstitution health services reports its a minor injury.						
	D.	If your answer is no, explain why not						
	Æ.	If there is no prison grievance procedure in the in the institution, did you complain to prison authorities? Yes () No ()						
	1	If you answer is yes,						
		1. What steps did you take?						
	,	2. What was the result?						
ш.	PARTI	ES						
		em A below, place your name in the first blank and place your present address in the nd blank. Do the same for additional plaintiffs, if any.						
A.	Nam Add	ress P.O. Box 5911 Sioux Falls, South Dakotame 5711 possiculture						
	in th	em B below, place the full name of the defendant in the first blank, his official position are second blank, and his place of employment in the third blank. Use item C for the es, positions, and places of employment of any additional defendants.						
B.	Nan	ne of Defendant South Dakota D.O.C. who is employed as						

C.	Additional Defendants Assistant warden Trox Ponto and Major Tomas Linnewebber. Both employeed at
	S.D. D.O.E. Jameson unit P.O. Box 5911 Sioux Falls, S.D. 57117.
IV.	STATE OF CLAIM
	State here as briefly as possible the facts of your case. Describe how each defendant is
e de la	involved. Include also the names of other persons involved, dates, and places. Do not give
	any legal arguments or cite any cases or statutes. If you intend to allege a number of related
	claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet(s) if necessary.
	On 9-6-09 I exited the shower area to enter my cell.
(50 a) . I	A large wet area was in place. And unidentified. As no warning,
	notifications, or wet floor signs to warn of this area. I lost
	footing splitting my head. Resulting in unbearable
	The institutions failer to follow safety policys has
	resulted in severe life long injury. (wet floor signs)
	survailance video will confirm the D.O.C. & non-care.
V.R.	ELIEF
	State briefly exactly what you want the court to do for you. Make no legal examples. Cite
	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.
	The responsibility of the South Dakota D.O.C.
	to assist in any medical cost. To determine the
	season for this pain I'm experiencing. And assist in
	any future cost. And \$ 500,000 for pain and suffering.
	· · · · · · · · · · · · · · · · · · ·
I doc	clare (or certify, verify or state) under penalty of perjury that the foregoing is true-and correct.
Sign	ed and executed this 2nd day of November , 12009 Signed and executed this
	•
	Wal yours
	Signature of Philiriff
	Significa of Hamile
	(9/96)